



Visit Us on the Web: <http://www.deafway.net>

Interpreter Evaluation

Help us to improve our services to you. Please answer these questions about the interpreter.

Interpreter Name: _____

Please circle yes or no for each of these questions

Was the interpreter on time?	YES	NO
Was the interpreter dressed professionally?	YES	NO
Did the interpreter introduce herself/himself?	YES	NO
Did the interpreter speak/act in a professional manner?	YES	NO
Do you feel the interpreter represented you correctly to the Deaf person?	YES	NO
Do you feel comfortable with this interpreter?	YES	NO
Would you use this interpreter again?	YES	NO

Comments (please explain any NO answers):

Please Circle the Number That Describes How You Feel About this Interpreter

	Bad-----	Good-----	Excellent
The interpreter spoke clearly and was audible.	1	2	3 4 5
The meaning of the conversation was clearly communicated.	1	2	3 4 5
The interpreter understood you.	1	2	3 4 5
The interpreter showed you respect.	1	2	3 4 5
Overall rating of the interpreter.	1	2	3 4 5

Comments (please explain any low marks):

Thank you for completing this evaluation. Please fold, seal, and mail to

DEAF Way Interpreting Services
5240 Oakland Ave
St. Louis, Mo 63110

You can also contact us at: 314-989-0694 (v) 314-989-0757 (tty)

deafway@paraquad.org

